

February 2003

KANSAS REVOLVING LOAN FUND
ELECTRONIC DEPOSIT FORM
INFORMATION SHEET

Attached is a copy of an electronic deposit form DA-130 (05-99) required by the Department of Administration (D of A) to permit payments by wire transfer. You may duplicate as needed. The completed form should be sent to:

KDHE Bureau of Water
Attn: Brenda Diegel
1000 SW Jackson Street, Suite 420
Topeka, Kansas 66612-1367

KDHE will forward the completed form on to the D of A, which will process within 10 days. If you have any questions please call (785) 296-4262.

NOTE: Although the form does not so indicate, it is advisable to attach a copy of a voided check so that the ABA and account numbers can be verified.

AUTHORIZATION FOR ELECTRONIC DEPOSIT OF VENDOR PAYMENT

(Please print or type all information)

1. Enter the following vendor information

FEIN Number	_____	Sfx (State use only)	_____
Vendor Name	_____ _____		
Street	_____		
City	_____	State	_____ Zip _____
Telephone #	_____	Contact	_____

2. Complete Section A for new enrollments or for financial institution or account changes. NOTE: For new enrollments, this form is not required if the vendor has been previously enrolled by another state agency under the same account.

3. Complete Section B to cancel the electronic deposit authorization.

Section A: Enrollment or Change Authorization

Select One: ☐ New Enrollment ☐ Financial Institution or Account Change

Bank Name	_____		
Branch (if applicable)	_____		
City	_____	State	_____ Zip _____
Transit/ABA No.	____ _	Account No.	_____
Account Type (select one)	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	

I, the undersigned, authorize the State of Kansas to initiate accounting transactions to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the Financial Institution to post these transactions to that account. This authorization is to remain in force until the State of Kansas receives written notice of cancellation from me.

Signature _____ Date _____
Name (Printed) _____ Job Title _____

Section B: Cancellation

I, the undersigned, hereby cancel the authorization for the State of Kansas to originate electronic deposit entries into my checking/savings account. This cancellation is effective as soon as the State of Kansas has reasonable opportunity to act upon it.

Signature _____ Date _____
Name (Printed) _____ Job Title _____

State Copy
Vendor Copy